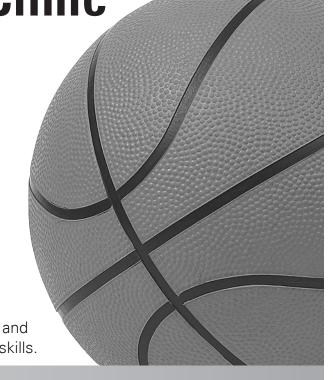
Basketball Officials Clinic

September 13–17 • \$30

Sunday from 5-7 p.m. Monday-Thursday 6-8 p.m.

Register by 9/11 (Code: 35022-A) Twin Lakes Recreation Center, 1700 W. Bloomfield Rd.

This clinic is a fantastic opportunity to fine tune your skills for the upcoming basketball season. The instructor of this clinic is Michael Henderson, who has called games at various levels and is a former National Basketball Association (NBA) official. This clinic focuses on the basics of basketball officiating such as effective communication, signals, body language, and court position. The clinician uses role play scenarios to demonstrate the key components of the clinic. His experience and knowledge is valuable to officials interested in improving their skills.





For more information call 349-3768 or visit www.bloomington.in.gov/parks.

Name(parent/guardian if participant is under 18 or u Street Address City	N FORM ne Phone k Phone ergency Contact						
City of Bloomington Resident? Yes No E-mail Address (If you are unsure of your residency status, please call 349-3700)							
Participant Name	Program (Guide Newspap Birthdate	er Flyer Frien Shirt Size		Web site Previous	s Participant Other Class Code	Fee
Inclusive Service Request: Reasonable accommodations are needed to participate in above program(s) related to specific needs associated with a disability. (circle one) YES NO If YES, please complete an Inclusion Assessment and the Inclusive Recreation Coordinator will contact you. We request at least two weeks notification for reasonable accommodations requests. In some cases reasonable accommodations may take longer. The undersigned in the adult Program Participant or in the parent or local quarties of the Program Participant. The						olarship Fund on Tree Fund on Park and Foundation	\$1 \$3 \$5 Other \$
undersigned hereby states that s/he understands the activities that will take place in this program, and that the Program Participant is physically and mentally able to participate in this program. The undersigned recognizes, as with any activity, there is risk of injury. In the event that the Program Participant sustains an injury in the course of the program, and the City of Bloomington Parks and Recreation Department is unable to contact the appropriate person(s) to obtain consent for treatment, the City of Bloomington Parks and Recreation Department and/or its employees or volunteers are authorized to take reasonable steps to obtain appropriate medical treatment. The Program Participant and/or his/her parent or legal guardian shall be responsible for the cost of such treatment. The Program Participant and/or his/her parent or legal guardian shall be responsible for the cost of such treatment. The Program Participant and assigns, from any claims including, but not limited to, personal injuries or damage to property caused by or having any relation to this activity. It is understood that this release applies to any present or future injuries and that it binds the Undersigned, Undersigned's spouse, heirs, executors and administrators. The Program Participant may be photographed and videotaped while participating in Parks and Recreation activities, and consent is given for the reproduction of such photos or videos for advertising and publicity. I have read this release and understand all of its terms. I agree with its terms and sign it voluntarily. Method of Payment: Cash (do not mail cash) Visa/Mastercard # Expiration Date Signature (required if using credit card) Make check or money order payable to: City of Bloomington Parks and Recreation Mail registrations to:							
Signature (parent/guardian if participant is under 18	City of Bloomington Parks and Recreation 401 N. Morton Street, Ste. 250, Bloomington IN 47404						